PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

Griffith

	CLA	AIMS AS FIL	ED - PA	RT I		SMAI	L ENTITY		OTHER	2 7114 81
		(Column			umn 2)	TYP	and the second s	OR		R THAN ENTITY
FOR		NUMBER FIL	ED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
3/	ASIC FEE				,		380.00	OR	970	760.00
TOTAL CLAIMS 39 minus 20= * 19					X\$ 9:	=	OR	X\$18=	34	
NDEPENDENT CLAIMS					X39=		OR	\ 	77	
ι	JLTIPLE DEPENDENT	CLAIM PRESEN	IT			+130=		1		26/
H	the difference in colu	umn 1 is less th	an zero, e	enter "0" in	column 2			OR	L	151
		S AS AMEN		•		TOTA	L	OR	TOTAL	19/6
_	(Col	umn 1)		Column 2)	(Column 3)	SMAL	L ENTITY	OR	OTHER SMALL	
AMENDMEN A	REM Al	AIMS IAINING FTER NDMENT	Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total ⋆	39 Minus	**	39	= 6	X\$ 9=	=	OR	X\$18=	
	Independent *	Z. Minus		3	= 10	X39=		OR	X78=	
	FIRST PRESENTATION	ON OF MULTIPLI	E DEPEND	DENT CLAIM		+130=		1	+260=	
						TOT/		OR	TOTAL	
	(Cal	umn 1)	10	Salvena O	(Oal	ADDIT. FE		OR	ADDIT. FEE	
		AIMS		Column 2) HIGHEST	(Column 3)	_	T inni			
	A CANADA CAN	IAINING TER		NUMBER REVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ANDDI TIONA
AMENDALEN		NDMENT		PAID FOR	EXIIV		FEE			FEE
	Total *	Minus	**		=	X\$ 9=		OR	X\$18=	•
	Independent * FIRST PRESENTATION	Minus	***		=	X39=		OR	X78=	
	THOTTILDENTALIC	DIA OF MOLTIPLE	DEFEINL	ENT CLAIM		+130=		OR	+260=	*84
						TOTA	\L	OB	TOTAL	
	(Cole	umn 1)	(0	\alima (1)	(O-l 0)	ADDIT. FE	E L	UN	ADDIT. FEE	L
		AIMS		olumn 2) HIGHEST	(Column 3)					
		AINING TER		NUMBER REVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI TIONA
	AMEN	IDMENT		PAID FOR	EXTRA	10/112	FEE			FEE
	Total *	Minus	**	34	=	X\$ 9=		OR	X\$18=	
	Independent *	Minus	***		= /	×20=	(DA)_	OR-	X282-5	de
	FIRST PRESENTATION	NA-OF MULTIPLE	DEPEND	ENT CLAIM		400	04		.000	277
ŀ	f the ntry in column 1 is le	ess than the entry in	n column 2.	write "0" in cd	lump	+130=		OR	+260=	
	fth "Highest Number Bro	wiously Boid East II				TOTA	- MAH	20	IATOT	Atten
į	f th "Highest Number Pre If the "Highest Number Pre	wiously Paid For II	N THIS SPA	CE is less tha	m 20, enter "20."	ADDIT. FEI	E GHHIOC	DR ,	TOTAL	0100